INTERNATIONAL SECTION 214 APPLICATION FOR OFFICIAL USE ONLY

APPLICANT INFORMATION

Enter a description of this application to identify it on the main menu: Application for International Section 214 Global Resale Authorization

Applicant			
Name:	Consolidated Telephone Company	Phone Number:	218-764-5235
DBA Name:		Fax Number:	218-829-5146
Street:	1102 Madison Street	E-Mail:	mark.roach@ctctelcom.net
	972		
City:	Brainerd	State:	MN
Country:	USA	Zipcode:	56401 –
Attention:	Mark N Roach		

2. Contact					
Name:	James Oss	Phone Number:	651–415–9341		
Company:	Olsen thielen	Fax Number:	651–483–2467		
Street:	223 Little Canada Road	E-Mail:	joss@otcpas.com		
City:	St. Paul	State:	MN		
Country:	USA	Zipcode:	55117 – 1376		
Attention:	Jim Oss	Relationship:	Other		
3. Place of Incorporation	n of Applicant Minnesota				
4. Other Company(ies) a	and Place(s) of Incorporation				
5. Service Type(s) (checl	k all that apply)				
Global or Limited	l Global Facilities–Based Authority	(Section 63.18(e)(1))			
Global or Limited Global Resale Authority (Section 63.18(e)(2))					
Individual Facilities—Based Service (Section 63.18(e)(3))					
Individual Switched Resale Service (Section 63.18(e)(3))					
Individual Facilities–Based and Resale Service (Section 63.18(e)(3))					
Switched Services over Private Lines (ISR) (Section 63.16 and/or 63.18 (e)(3))					
Inmarsat and Mob	Inmarsat and Mobile Satellite Service (Section 63.18(e)(3))				
Overseas Cable C	Overseas Cable Construction (Section 63.18(e)(3))				
Individual Non-I	Individual Non–Interconnected Private Line Resale Service (Section 63.18(e)(3))				
Other (Section 63.18(e)(3))					

6a. Is a fee submitted with this application? If Yes, complete and attach FCC Form 159. If No, indicate reason for fee exemption (see 47 C.F.R.Section 1.1114).
Governmental Entity Noncommercial educational licensee
Other(please explain):
6b. Fee Classification CUT – Section 214 Authority
7. Destination Country(ies) (e.g., "Country X", "All international points", "All international points except Country X and Country Y" or "Countries X, Y, and Z only".) All international points
8. Caption (description of authority requested, e.g., Application for Authority to Provide International Facilities—Based and Resold Services to All International Points Except Country X) (If the complete description does not appear in this box, please go to the end of the form to view it in its entirety.)
Application for Global Resale Authority to All International Points
9. Does the applicant request streamlined processing pursuant to 47 C.F.R. Section 63.12? If yes, include in Attachment 1 a statement of how the application qualifies for streamlined processing.
10. If applying for authority to provide switched services over private lines pursuant to Section 63.16, provide the required showing in Attachment 1.

Applicant c	ertifies that	its responses	to questions	11 through 1'	7 are true:

15. In Attachment 2, respond to paragraphs (d), (e)(3) and (g) of Section 63.18.

represent certifies that its responses to questions 11 anough 17 are true.		
11. If the applicant is a foreign carrier, or is affiliated (as defined in 47 C.F.R. Section 63.09(e)) with a foreign carrier, provide in Attachment 1 the information and certifications required by Section 63.18(i) through (m).		
12. Does the applicant seek authority to provide service to any destination described in paragraphs (1) through (4) of Section 63.18(j)? If yes, list those destinations in Attachment 1 as a response to question 12.	O Yes	No
13. Does the applicant seek authority to provide service to any destinations other than those listed in response to question 12 where it has an affiliation with a foreign carrier? If yes, list those destinations in Attachment 1 as a response to question 13.	O Yes	No
14. [Section 63.18(h)] In Attachment 2, provide the name, address, citizenship and principal business of the applicant's ten percent or greater direct and indirect shareholders or other equity holders, and identify any interlocking directorates.		

16. By checking Yes, the undersigned certifies that neither applicant nor any other party to the application is subject to a denial of Federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti–Drug Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance. See 47 CFR 1.2002(b) for the meaning of "party to the application" for these purposes.	•	Yes	0	No
17. By checking Yes, the applicant certifies that it has not agreed to accept special concessions directly or indirectly from a foreign carrier with respect to any U.S. international route where the foreign carrier possesses sufficient market power on the foreign end of the route to affect competition adversely in the U.S. market and will not enter into such agreements in the future.	•	Yes	٥	No

CERTIFICATION

18. Typed Name of Person Signing (Must be a Corp Mark Roach	·	19. Title of Person Signing Director of Finance		
	001), AND/OR REVOCATION	ISHABLE BY FINE AND / OR IN OF ANY STATION AUTHORIZA URE (U.S. Code, Title 47, Section	ATION	
20. 1: Section 214 App	2:	3:		

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